## PART B - FEE(S) TRANSMITTAL

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Alexandria, VA	22314					(Depositor's name)
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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	3	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/561,915	04/10/2006		Jean-Luc Clement		0573-1025	1461
TITLE OF INVENTION	V: VERTEBRAL OSTEC	OSYNTHESIS EQUIPME	NT			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	<del>≥ YES</del> YES	<del>\$1510-</del> \$75	5 \$300	\$0	<del>\$1810</del> -\$1	055 12/01/2010
EXAM	MINER	ART UNIT	CLASS-SUBCLASS	]		
MERENE, JAN CHRISTOP L		3733	606-267000			
CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  HE PATENT (print or type)			
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.						
(A) NAME OF ASSI	•	piction of this form is NO	(B) RESIDENCE: (CITY and STATE OR COUNTRY)			
Medicrea Te	echnologies		La Rochelle, France			
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🚨 Corporation or other private group entity 🚨 Government						
4a. The following fee(s)  Issue Fee  Publication Fee (!)  Advance Order	No small entity discount p		b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the sequired fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 250120 (enclose an extra copy of this form).			
T	atus (from status indicate ns SMALL ENTITY state		(if necessary)  D b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).			
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Authorized Signature	Bo at	Castel	Date_November 30, 2010			
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